

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

GRANT LALLY FOR CONGRESS, INC.

ADDRESS (number and street)

734 FRANKLIN AVNUE

SUITE 2806

GARDEN CITY

NY

11501

☐ Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

C C00557900

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

NY

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRISTOPHER NOLAN

Signature of Treasurer

CHRISTOPHER NOLAN

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 62

Write or Type Committee Name

GRANT LALLY FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	60898.90	135077.47
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	60398.90	134577.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61288.38	117593.89
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	61288.38	117593.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	17983.58	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3035.83	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 62

Write or Type Committee Name

GRANT LALLY FOR CONGRESS, INC.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

31035.00

88460.00

(ii) Unitemized.....

8937.00

16656.42

(iii) TOTAL of contributions from individuals ▶

39972.00

105116.42

(b) Political Party Committees.....

0.00

650.00

(c) Other Political Committees (such as PACs).....

0.00

950.00

(d) The Candidate.....

20926.90

28361.05

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

60898.90

135077.47

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

1000.00

1000.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

61898.90

136077.47

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 62

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61288.38	117593.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	61788.38	118093.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17873.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61898.90
25. SUBTOTAL (add Line 23 and Line 24).....	79771.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61788.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	17983.58

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 5 OF 62
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

 NAME OF COMMITTEE (In Full)
GRANT LALLY FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) MICHAEL R AMBRECHT Mailing Address 116 EAST 63RD SREET <table style="width: 100%;"> <tr> <td style="width: 33%;">City NEW YORK</td> <td style="width: 33%;">State NY</td> <td style="width: 33%;">Zip Code 10065</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AMBRECHT & MALONEY, PLLC</td> <td style="width: 66%;">Occupation ATTORNEY</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </td> </tr> </table>	City NEW YORK	State NY	Zip Code 10065	Name of Employer AMBRECHT & MALONEY, PLLC	Occupation ATTORNEY	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 30 / 2014</div> </div> Transaction ID : SA11AI.4712 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
City NEW YORK	State NY	Zip Code 10065						
Name of Employer AMBRECHT & MALONEY, PLLC	Occupation ATTORNEY							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>							
B. Full Name (Last, First, Middle Initial) RICHARD AZAR Mailing Address P O BOX 291 <table style="width: 100%;"> <tr> <td style="width: 33%;">City OYSTER BAY</td> <td style="width: 33%;">State NY</td> <td style="width: 33%;">Zip Code 11771</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer THE FAST TRACK GROUP</td> <td style="width: 66%;">Occupation CONSULTANT</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div> </td> </tr> </table>	City OYSTER BAY	State NY	Zip Code 11771	Name of Employer THE FAST TRACK GROUP	Occupation CONSULTANT	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 16 / 2014</div> </div> Transaction ID : SA11AI.4749 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>
City OYSTER BAY	State NY	Zip Code 11771						
Name of Employer THE FAST TRACK GROUP	Occupation CONSULTANT							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div>							
C. Full Name (Last, First, Middle Initial) ROGER L BAHNIK Mailing Address 190 PINE HOLLOW ROAD <table style="width: 100%;"> <tr> <td style="width: 33%;">City OYSTER BAY</td> <td style="width: 33%;">State NY</td> <td style="width: 33%;">Zip Code 11771</td> </tr> </table> FEC ID number of contributing federal political committee. C <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer MILL-MAX MANUFACTURING</td> <td style="width: 66%;">Occupation CEO</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 33%;">Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> <td style="width: 66%;">Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> </td> </tr> </table>	City OYSTER BAY	State NY	Zip Code 11771	Name of Employer MILL-MAX MANUFACTURING	Occupation CEO	Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y 09 / 26 / 2014</div> </div> Transaction ID : SA11AI.4902 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>
City OYSTER BAY	State NY	Zip Code 11771						
Name of Employer MILL-MAX MANUFACTURING	Occupation CEO							
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>							
SUBTOTAL of Receipts This Page (optional)		<div style="border: 1px solid black; padding: 2px; text-align: right;">2650.00</div>						
TOTAL This Period (last page this line number only)		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>						

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

KARA BELORESHKA**A.**

Mailing Address 30 DUNNELL RD

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

Unemployed

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

SAM BOROFKY**B.**

Mailing Address 435 BRYANT AVE

City

ROSLYN HARBOR

State

NY

Zip Code

11576

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2014

Transaction ID : SA11AI.4862

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

KENNETH CALDWELL**C.**

Mailing Address 50 ROUTE 67

City

MECHANICVILLE

State

NY

Zip Code

12118

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRANSPORTATION BROTHERS, LLC

Occupation

CEO

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

LAURENE COFFEY**A.**

Mailing Address 408 BAYVILLE AVENUE

City

BAYVILLE

State

NY

Zip Code

11709

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

Transaction ID : SA11AI.4938

Amount of Each Receipt this Period

2100.00

Full Name (Last, First, Middle Initial)

MARTIN COTTINGHAM**B.**

Mailing Address 584 PROSPECT AVENUE

City

BROOKLYN

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVISON YOUNG

Occupation

REAL ESTATE SALES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2014

Transaction ID : SA11AI.4760

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JANET DELLAFERA**C.**

Mailing Address P O BOX 601

City

LOCUST VALLEY

State

NY

Zip Code

11560

FEC ID number of contributing
federal political committee.

C

Name of Employer

DELLAFERA FAMILY FOUNDATION

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2014

Transaction ID : SA11AI.4932

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

4950.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FRANK DEMAIO

A.

Mailing Address 161 WHEELER RD

City

HOLLIS

State

NH

Zip Code

03049

FEC ID number of contributing
federal political committee.

C

Name of Employer
JTD FINANCIAL SERVICESOccupation
FINANCIAL ADVISOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MARK DEMETROPOULOUS

B.

Mailing Address 30-95 30TH STREET
1C

City

LONG ISLAND CITY

State

NY

Zip Code

11102

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

MARK FLECKNER

C.

Mailing Address 520 FRANKLIN AVENUE

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

NIROOPA HARPAUL**A.**

Mailing Address 756 CENTRAL AVENUE

City

WOODMERE

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIT MANAGEMENT GROUP

Occupation

RESTAURANT OWNER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		12		2014

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

WILLIAM HETZLER**B.**

Mailing Address 1435 BAY BLVD.

City

ATLANTIC BEACH

State

NY

Zip Code

11509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		13		2014

Transaction ID : SA11AI.4934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KRISTINA HEUSER**C.**

Mailing Address 8 TOWER RD

City

GLEN COVE

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

KRISTINA S. HEUSER, PC.

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

850.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. LAWRENCE KADISH

Mailing Address 135 JERICHO TURNPIKE

City

OLD WESTBURY

State

NY

Zip Code

11568

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation

REAL ESTATE INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROBERT KIMBALL

Mailing Address 4331 HAZY MEADOW LANE

City

GRAPEVINE

State

TX

Zip Code

76051

FEC ID number of contributing federal political committee.

C

Name of Employer
USDOJ

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : SA11AI.4751

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EDWARD KITT

Mailing Address 200 GARDEN CITY PLAZA

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

1700.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

WALTER KOWSH**A.**

Mailing Address 64-08 136 STREET

City

FLUSHING

State

NY

Zip Code

11367

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

HAROLD KRAUSE**B.**

Mailing Address 16 JAN LN

City

WOODBURY

State

NY

Zip Code

11797

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

THOMAS LALLY**C.**

Mailing Address 108 KINGS PLACE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PROPERTY MGMNT

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2014

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2025.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

BRIAN LeCLAIR

A.

Mailing Address 10993-A OAK GROVE CIRCLE

City

WOODBURY

State

ME

Zip Code

55129

FEC ID number of contributing federal political committee.

C

Name of Employer

LeCLAIR GROUP

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KATHY MAGUIRE

B.

Mailing Address 67 BEARFORT ROAD

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

WILLIAM MAHLAN

C.

Mailing Address 17 HUCKLEBERRY LN

City

OYSTER BAY

State

NY

Zip Code

11771

FEC ID number of contributing federal political committee.

C

Name of Employer

JONES, HIRSCH CONNORS

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4872

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

FRANK MAVRONICOLAS**A.**

Mailing Address 20 HARBOR HILL DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE INVESTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

STEPHEN MCCABE**B.**

Mailing Address 346 WESTBURY AVENUE

City

CARLE PLACE

State

NY

Zip Code

11514

FEC ID number of contributing
federal political committee.

C

Name of Employer

LETTER SENT REQUESTING INFORMA

Occupation

LETTER SENT REQUESTING INFORMATION

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2014

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

STEPHEN MCCABE**C.**

Mailing Address 346 WESTBURY AVENUE

City

CARLE PLACE

State

NY

Zip Code

11514

FEC ID number of contributing
federal political committee.

C

Name of Employer

LETTER SENT REQUESTING INFORMA

Occupation

LETTER SENT REQUESTING INFORMATION

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4832

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

950.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THOMAS MCNALLY**A.**

Mailing Address 29 BONAIRE DRIVE

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHUBB & SON

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

DASARAT MISIR**B.**

Mailing Address 747 E 183RD STREET

City

BRONX

State

NY

Zip Code

10458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NJCU

Occupation

PROFESSOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2014

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JORAWAR MISIR**C.**

Mailing Address 120 WHEELER AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10314

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

Transaction ID : SA11AI.4783

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1700.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JOHN MULDERIG**A.**

Mailing Address 63 LLOYD LANE

City

HUNTINGTON

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		01		2014

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

EUGENE MURPHY**B.**

Mailing Address 46 CENTRAL DRIVE

City

PLANDOME

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.4930

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

MARY MURPHY**C.**

Mailing Address 46 CENTRAL DRIVE

City

PLANDOME

State

NY

Zip Code

11030

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : SA11AI.4928

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

5700.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

THOMAS NOTHEL**A.**

Mailing Address 222 7TH STREET

3J

City

GARDEN CITY

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANTAGECARE PHYSICIANSOccupation
FINANCIAL ANALYST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

PHILIP ORENSTEIN**B.**

Mailing Address 224-12 STRONGHURST AVE

City

QUEENS VILLAGE

State

NY

Zip Code

11427

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4814

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

JOHN D OTTULICH**C.**

Mailing Address 5106 REDFIELD STREET

City

LITTLE NECK

State

NY

Zip Code

11362

FEC ID number of contributing
federal political committee.

C

Name of Employer
YORK LADDEROccupation
SALES

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.5024

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JOHN PETERKIN**A.**

Mailing Address 82-26 233RD STREET

City

BELLROSE MANOR

State

NY

Zip Code

11427

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
US ARMY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

PHILIP PLASENCIA**B.**

Mailing Address 260-66 69TH AVE

City

FLORAL PARK

State

NY

Zip Code

11004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

PHILIP PLASENCIA**C.**

Mailing Address 260-66 69TH AVE

City

FLORAL PARK

State

NY

Zip Code

11004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.5027

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional).....

260.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PHILIP PLASENCIA**A.**

Mailing Address 260-66 69TH AVE

City

FLORAL PARK

State

NY

Zip Code

11004

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.4735

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

GUY RAZZINO**B.**

Mailing Address 93-11 240 STREET

City

BELLEROSE

State

NY

Zip Code

11426

FEC ID number of contributing
federal political committee.

C

Name of Employer

MR. GUYS LIMO

Occupation

CHAUFFEUR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

DENNIS RING**C.**

Mailing Address 1233 154TH STREET

City

WHITESTONE

State

NY

Zip Code

11357

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

PATRICK SHEN**A.**

Mailing Address 13409 STONEBRIDGE TER.

City

GERMANTOWN

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRAGOMENOccupation
ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : SA11AI.4733

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ANN SHOCKETT**B.**

Mailing Address 930 BROWERS POINT BR

City

WOODMERE

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		29		2014

Transaction ID : SA11AI.5186

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN C SPAVINS**C.**

Mailing Address 109-39 109TH STREET

City

SOUTH OZONE

State

NY

Zip Code

11420

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC DEPT DESIGN & CONSTRUCTIONOccupation
PROJECT MANAGER

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		09		2014

Transaction ID : SA11AI.4936

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

ROBERT TURNER

Mailing Address 80-60 GRENFELL STREET

City

KEW GARDENS

State

NY

Zip Code

11415

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		12		2014

Transaction ID : SA11AI.4944

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT TURNER

Mailing Address 80-60 GRENFELL STREET

City

KEW GARDENS

State

NY

Zip Code

11415

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT TURNER

Mailing Address 80-60 GRENFELL STREET

City

KEW GARDENS

State

NY

Zip Code

11415

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 62

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

JOHN VAFAI**A.**

Mailing Address 300 EAST 93 STREET

City

NEW YORK

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
LALLY & MISIR, LLPOccupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		27		2014

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

NORWIN WOLFF**B.**

Mailing Address P O BOX 344

City

MARSHFIELD

State

MA

Zip Code

02051

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERPOLYMEROccupation
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		08		2014

Transaction ID : SA11AI.4940

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2200.00

31035.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GRANT M LALLY

A.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C H4NY05056

Name of Employer
LALLY & MISIR, LLP

Occupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

33434.15

Date of Receipt

M M / D D / Y Y Y Y
08 08 2014

Transaction ID : SA11D.5005

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

GRANT M LALLY

B.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C H4NY05056

Name of Employer
LALLY & MISIR, LLP

Occupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

36361.05

Date of Receipt

M M / D D / Y Y Y Y
09 13 2014

Transaction ID : SA11D.5556

Amount of Each Receipt this Period

2926.90

In-kind - CANDIDATE PAID A&M FOR LAWN SIGNS

Full Name (Last, First, Middle Initial)

GRANT M LALLY

C.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C H4NY05056

Name of Employer
LALLY & MISIR, LLP

Occupation
ATTORNEY

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

39361.05

Date of Receipt

M M / D D / Y Y Y Y
09 15 2014

Transaction ID : SA11D.5543

Amount of Each Receipt this Period

3000.00

In-kind - CANDIDATE PAID CONSUTANT ON 9/15/14

SUBTOTAL of Receipts This Page (optional).....

20926.90

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 62

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

GRANT M LALLY

A.

Mailing Address 3 OAKWOOD DRIVE

City

LLOYD HARBOR

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

H4NY05056

Name of Employer

LALLY & MISIR, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

39361.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2014

Transaction ID : SA11D.5549

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

20926.90

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 62

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

MCGUIRE WOODS

Mailing Address 2001 K STREET NW

SUITE 400

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2014

Transaction ID : SA15.4856

Amount of Each Receipt this Period

1000.00

REFUND RECEIVED ON 9/22/2014

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. A & M SUPPLIES NETWORK INC

Mailing Address P O BOX 141

Date of Disbursement

M M	D D	Y Y Y Y
09	13	2014

City	State	Zip Code
EAST MEADOW	NY	11554

Amount of Each Disbursement this Period

2926.90

Purpose of Disbursement
CANDIDATE IN KIND LAWN SIGNS

006

Transaction ID : SB17.5559

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. ANCONA

Mailing Address 220 OLD COUNTRY ROAD

Date of Disbursement

M M	D D	Y Y Y Y
07	31	2014

City	State	Zip Code
MINEOLA	NY	11501

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
RENT

001

Transaction ID : SB17.5089

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. ANCONA

Mailing Address 220 OLD COUNTRY ROAD

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2014

City	State	Zip Code
MINEOLA	NY	11501

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
RENT

001

Transaction ID : SB17.5154

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NICK ARANOVMailing Address 734 FRANKLIN AVENUE
SUITE 2806

City GARDEN CITY State NY Zip Code 11530

Purpose of Disbursement
POSTAGE STAMPS

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.5181

B. ARISTOTOLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
VOTER LIST DATABASE

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

Amount of Each Disbursement this Period

4150.00

Transaction ID : SB17.5086

C. ARISTOTOLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
VOTER LIST SOFTWARE

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5159

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5248.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ARISTOTOLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
VOTER LIST SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5165

B. ARISTOTOLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
VOTER LIST SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 25 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5172

C. ARISTOTOLE INTERNATIONAL

Mailing Address 205 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
ONLINE VOTER LIST SOFTWARE

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2014

Amount of Each Disbursement this Period

1150.00

Transaction ID : SB17.5178

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CABLEVISION

Mailing Address PO BOX 9256

City	State	Zip Code
CHELSEA	MA	02150

Purpose of Disbursement
PHONE, CABLE, INTERNET

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2014

Amount of Each Disbursement this Period

743.63

Transaction ID : SB17.5079

B. CCC ENTERPRISES

Mailing Address 324 WEST 19TH STREET

City	State	Zip Code
DEER PARK	NY	11729

Purpose of Disbursement
DIRECT MAILING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

1339.44

Transaction ID : SB17.5052

C. CCC ENTERPRISES

Mailing Address 324 WEST 19TH STREET

City	State	Zip Code
DEER PARK	NY	11729

Purpose of Disbursement
DIRECT MAILING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2014

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.5054

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7583.07

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. CCC ENTERPRISES

Mailing Address 324 WEST 19TH STREET

City	State	Zip Code
DEER PARK	NY	11729

Purpose of Disbursement
DIRECT MAILING

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

6353.21

Transaction ID : SB17.5088

B. MAUREEN J DALY

Mailing Address 334 76 STREET

City	State	Zip Code
BROOKLYN	NY	11209

Purpose of Disbursement
CONSULTANT FEE CAMP MGMNT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5076

C. MAUREEN J DALY

Mailing Address 334 76 STREET

City	State	Zip Code
BROOKLYN	NY	11209

Purpose of Disbursement
REIMBURSEMENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2014

Amount of Each Disbursement this Period

234.40

Transaction ID : SB17.5107

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7587.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

130.27

Transaction ID : SB17.5107.0

[MEMO ITEM]

B. MAUREEN J DALY

Mailing Address 334 76 STREET

City	State	Zip Code
BROOKLYN	NY	11209

Purpose of Disbursement
TRANSFER TO PETTY CASH

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.5107.1

[MEMO ITEM]

C. MAUREEN J DALY

Mailing Address 334 76 STREET

City	State	Zip Code
BROOKLYN	NY	11209

Purpose of Disbursement
CONSULTANT CAMP MGMNT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5114

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAUREEN J DALY

Mailing Address 334 76 STREET

City	State	Zip Code
BROOKLYN	NY	11209

Purpose of Disbursement
REIMBURSEMENT

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

2750.00

Transaction ID : SB17.5116

B. KNICKERBOCKER CONSULTING, LLC

Mailing Address 137 WINTER STREET

City	State	Zip Code
TROY	NY	12180

Purpose of Disbursement
CONSULTING FEE GOTV

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

2750.00

Transaction ID : SB17.5116.0

[MEMO ITEM]

C. TIMOTHY DISPENSA

Mailing Address 63 CHARLES STREET

City	State	Zip Code
FLORAL PARK	NY	11001

Purpose of Disbursement
CONSULTANT FEE POLITICAL DIRECTOR

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.5158

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3550.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. TIMOTHY DISPENSA

Mailing Address 63 CHARLES STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
FLORAL PARK	NY	11001

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
CONSULTANT FEE POLITICAL DIRECTOR

001

Transaction ID : SB17.5175

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. TIMOTHY DISPENSA

Mailing Address 63 CHARLES STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2014

City	State	Zip Code
FLORAL PARK	NY	11001

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
CONSULTANT FEE POLITICAL DIRECTOR

001

Transaction ID : SB17.5179

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1601 WILLOW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

City	State	Zip Code
MENLO PARK	CA	94025

Amount of Each Disbursement this Period

216.78

Purpose of Disbursement
advertising

005

Transaction ID : SB17.5049

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1816.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADS

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

500.00	100.00
--------	--------

Transaction ID : SB17.5064

B. FACEBOOK

Full Name (Last, First, Middle Initial)

Mailing Address 1601 WILLOW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADS

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

200.00	293.58
--------	--------

Transaction ID : SB17.5090

C. FACEBOOK

Full Name (Last, First, Middle Initial)

Mailing Address 1601 WILLOW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ADS

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Amount of Each Disbursement this Period

100.00	122.98
--------	--------

Transaction ID : SB17.5143

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

516.56

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SIRA FAIZI

Mailing Address 6702 18TH AVENUE

City	State	Zip Code
BROOKLYN	NY	11228

Purpose of Disbursement
PETITION GATHERER

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5122

B. SIRA FAIZI

Mailing Address 6702 18TH AVENUE

City	State	Zip Code
BROOKLYN	NY	11228

Purpose of Disbursement
CONSULTANT FEE GOTV

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2014

Amount of Each Disbursement this Period

656.00

Transaction ID : SB17.5132

C. HECTOR FORGIONE

Mailing Address 6702 18TH AVE

City	State	Zip Code
BROOKLYN	NY	11228

Purpose of Disbursement
CONSULTANT FEE GOTV

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

644.00

Transaction ID : SB17.5131

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HECTOR FORGIONE

Mailing Address 6702 18TH AVE

City	State	Zip Code
BROOKLYN	NY	11228

Purpose of Disbursement
GOTV CONSULTANT FEE

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		25		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.5174

B. RICHARD GALLO

Mailing Address 24-55 FRANCIS LEWIS BLVD

City	State	Zip Code
WHITESTONE	NY	11357

Purpose of Disbursement
REIMBURSE EVENT EXPENSE

007

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2014

Amount of Each Disbursement this Period

1320.00

Transaction ID : SB17.5169

C. NONO'S

Mailing Address 42-43 BELL BLVD

City	State	Zip Code
BAYSIDE	NY	11030

Purpose of Disbursement
FUNDRAISER EVENTCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

1320.00

Transaction ID : SB17.5169.0

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1720.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. HIDDEN BROOK CONSULTING

Mailing Address 9037 STATE ROUTE21

City	State	Zip Code
NAPLES	NY	14512

Purpose of Disbursement
CONSULTING FEE RESEARCH

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 12 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5102

B. HIDDEN BROOK CONSULTING

Mailing Address 9037 STATE ROUTE21

City	State	Zip Code
NAPLES	NY	14512

Purpose of Disbursement
CONSULTANT FEE GOTVCategory/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 19 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5123

C. HIDDEN BROOK CONSULTING

Mailing Address 9037 STATE ROUTE21

City	State	Zip Code
NAPLES	NY	14512

Purpose of Disbursement
CONSULTANT FEE-POLITICAL STRATEGY

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 30 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5182

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. WALTER KOWSH

Mailing Address 64-08 136 STREET

City	State	Zip Code
FLUSHING	NY	11367

Purpose of Disbursement
CONSULTANT FEE GOTV

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2014

Amount of Each Disbursement this Period

579.00

Transaction ID : SB17.5099

B. GRANT M LALLY

Mailing Address 3 OAKWOOD DRIVE

City	State	Zip Code
LLOYD HARBOR	NY	11743

Purpose of Disbursement
In-kind - CANDIDATE PAID A&M FOR LAWN SIGNS

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 03

Date of Disbursement

M M / D D / Y Y Y Y
09 / 13 / 2014

Amount of Each Disbursement this Period

2926.90

Transaction ID : SB17.5557

C. GRANT M LALLY

Mailing Address 3 OAKWOOD DRIVE

City	State	Zip Code
LLOYD HARBOR	NY	11743

Purpose of Disbursement
In-kind - CANDIDATE PAID CONSUTANT ON 9/15/14

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: NY District: 03

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5544

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6505.90

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SB17

Transaction ID : SB17.5557

CANDIDATE PAID A&M SUPPLIES \$2926.90 ON 9/13/14 WITH HIS PERSONAL FUNDSFOR LAWN SIGNS

Form/Schedule: SB17

Transaction ID: SB17.5544

CANDIDATE PAID KEVIN TSIRHART FOR SERVICES AS CAMPAIGN MANAGER ON 9/15/14 WITH HIS
PERSONAL FUNDS

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. GRANT M LALLY

Mailing Address 3 OAKWOOD DRIVE

City	State	Zip Code
LLOYD HARBOR	NY	11743

Purpose of Disbursement

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NY District: 03

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

0.00

Transaction ID : SB17.5550

Full Name (Last, First, Middle Initial)

B. MAILCHIMP.COMMailing Address 512 MEANS STREET
SUITE 404

City	State	Zip Code
ATLANTA	GA	30318

Purpose of Disbursement
EMAIL SOFTWARE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 29 / 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.5177

Full Name (Last, First, Middle Initial)

C. MCGUIRE WOODSMailing Address 2001 K STREET NW
SUITE 400

City	State	Zip Code
WASHINGTON	DC	20006

Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	---	--

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 19 / 2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.5124

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2050.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. VICTOR MIMONIMailing Address 242-17 CHURCH STREET
APT 1 EAST

City DOUGLASTON State NY Zip Code 11363

Purpose of Disbursement
CONSULTANT FEE PRESS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	12	2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5105

B. MICHAEL MULDERRIG

Mailing Address 63 LLOYD LANE

City HUNTINGTON State NY Zip Code 11743

Purpose of Disbursement
GOTV CONSULTANT FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	03	2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5153

C. NATIONBUILDER.COM

Mailing Address 448 HILL STREET

City LOS ANGELES State CA Zip Code 90013

Purpose of Disbursement
DATABASE MGMNT

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	15	2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.5066

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

569.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NATIONBUILDER.COM

Mailing Address 448 HILL STREET

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
DATABASE MGMNT

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.5113

B. NATIONBUILDER.COM

Mailing Address 448 HILL STREET

City	State	Zip Code
LOS ANGELES	CA	90013

Purpose of Disbursement
DATEBASE MANAGEMENT

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

69.00

Transaction ID : SB17.5160

C. PALADINO PRINTING

Mailing Address 200-09 32ND AVENUE

City	State	Zip Code
BAYSIDE	NY	11361

Purpose of Disbursement
BUTTONS & STICKERS

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

190.53

Transaction ID : SB17.5119

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

328.53

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. PALADINO PRINTING

Mailing Address 200-09 32ND AVENUE

City	State	Zip Code
BAYSIDE	NY	11361

Purpose of Disbursement
PALM CARDS, POSTERS, SIGNS

006

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2014

Amount of Each Disbursement this Period

3211.81

Transaction ID : SB17.5164

B. QUEENS REPUBLICAN PARTY

Mailing Address 24-55 FRANCIS LEWIS BLVD

City	State	Zip Code
WHITESTONE	NY	11357

Purpose of Disbursement
RENT

001

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.5163

C. QUEENS VICTORY FUND

Mailing Address 6 BEACH 219TH STREET

City	State	Zip Code
BREEZY POINT	NY	11697

Purpose of Disbursement
DINNER TICKETS

011

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 05 / 2014

Amount of Each Disbursement this Period

625.00

Transaction ID : SB17.5094

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5336.81

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.4966

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4967

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4964

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

111.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

0.86

Transaction ID : SB17.4955

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

57.50

Transaction ID : SB17.4958

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

11.50

Transaction ID : SB17.4961

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

69.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

57.50

Transaction ID : SB17.4951

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.4953

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.4948

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

89.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.4945

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4943

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		30		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.4767

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

35.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2014

Amount of Each Disbursement this Period

3.45

Transaction ID : SB17.4764

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.4761

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.4758

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.71

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	12	2014

Amount of Each Disbursement this Period

57.50

Transaction ID : SB17.4752

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	12	2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4755

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	16	2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.4742

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

77.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4745

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4748

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		16		2014

Amount of Each Disbursement this Period

8.63

Transaction ID : SB17.4750

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.13

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4736

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4739

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.4734

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

25.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	22	2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.4731

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4725

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEECategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	23	2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.4728

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : SB17.4722

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
Transaction Fee

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.4701

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

0.58

Transaction ID : SB17.4705

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

8.63

Transaction ID : SB17.4708

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

1.44

Transaction ID : SB17.4710

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

28.75

Transaction ID : SB17.4713

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

38.82

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

5.75

Transaction ID : SB17.4716

B. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEE

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

0.86

Transaction ID : SB17.4719

C. RALLY/PIRYXMailing Address 144 2ND STREET
1ST FOORCity State Zip Code
SAN FRANCISCO CA 94105Purpose of Disbursement
TRANSACTION FEECategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

14.38

Transaction ID : SB17.4915

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

20.99

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. SKYLINE CONSULTING

Mailing Address 3050 SKYLINE DRIVE

City	State	Zip Code
SCHENECTADY	NY	12306

Purpose of Disbursement
ROBOCALLS

006

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.5067

B. SKYLINE CONSULTING

Mailing Address 3050 SKYLINE DRIVE

City	State	Zip Code
SCHENECTADY	NY	12306

Purpose of Disbursement
ROBOCALLS

004

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		18		2014

Amount of Each Disbursement this Period

781.75

Transaction ID : SB17.5120

C. STAPLES

Mailing Address 1080 OLD COUNTRY ROAD

City	State	Zip Code
WESTBURY	NY	11590

Purpose of Disbursement
OFFICE SUPPLIES

003

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		08		2014

Amount of Each Disbursement this Period

79.82

Transaction ID : SB17.5096

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1461.57

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FRANK STUBBOLO

Mailing Address 8 GATE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Purpose of Disbursement
CONSULTANT FUNDRAISING

003

Amount of Each Disbursement this Period

2224.00

Transaction ID : SB17.5084

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FRANK STUBBOLO

Mailing Address 8 GATE RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Purpose of Disbursement
CONSULTING FEE FUNDRAISING

003

Amount of Each Disbursement this Period

675.00

Transaction ID : SB17.5106

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE HUNTINGTONIAN

Mailing Address 755 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Purpose of Disbursement
AD

004

Amount of Each Disbursement this Period

549.00

Transaction ID : SB17.5071

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2224.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE HUNTINGTONIAN

Mailing Address 755 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		17		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Amount of Each Disbursement this Period

549.00

Purpose of Disbursement
AD

004

Transaction ID : SB17.5118

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. THE HUNTINGTONIAN

Mailing Address 755 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Amount of Each Disbursement this Period

549.00

Purpose of Disbursement
ADS

004

Transaction ID : SB17.5157

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. THE HUNTINGTONIAN

Mailing Address 755 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
HUNTINGTON	NY	11743

Amount of Each Disbursement this Period

549.00

Purpose of Disbursement
ADS

004

Transaction ID : SB17.5180

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1647.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. KEVIN TSCHIRHART

Mailing Address 3 DRAKE PLACE

City	State	Zip Code
NORTHPORT	NY	11768

Purpose of Disbursement
SALARY- CANDIDATE IN KIND

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5553

[MEMO ITEM]**B. ROBERT VIVASSIS**

Mailing Address 18 GATE RD

City	State	Zip Code
HUNTINGTON	NY	11734

Purpose of Disbursement
GOTV CONSULTANT FEE

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
09 / 03 / 2014

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.5151

C. ZYTA GROUP

Mailing Address 129 OAKWOOD DRIVE

City	State	Zip Code
SYOSSET	NY	11791

Purpose of Disbursement
WEBSITE MANGEMENT

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2014

Amount of Each Disbursement this Period

400.32

Transaction ID : SB17.5060

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

625.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ZYTA GROUP

Mailing Address 129 OAKWOOD DRIVE

City	State	Zip Code
SYOSSET	NY	11791

Purpose of Disbursement
WEBSITE MANAGEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		02		2014

Amount of Each Disbursement this Period

410.00

Transaction ID : SB17.5144

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

410.00

60568.65

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 62

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. NIROOPA HARPAUL

Mailing Address 756 CENTRAL AVENUE

City	State	Zip Code
WOODMERE	NY	11598

Purpose of Disbursement
RETURNED CHECK

010

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20A.5065

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

500.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 OF 62

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

FEES FOR LEGAL SERVICESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASHINGTON DC 20087

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.5189

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

LEGAL SERVICES EXPENSESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASHINGTON DC 20087

Outstanding Balance Beginning This Period

16.97

Transaction ID : SD10.5191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

LEGAL SERVICES EXPENSESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASHINGTON DC 20087

Outstanding Balance Beginning This Period

18.86

Transaction ID : SD10.5192

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.86

1) **SUBTOTALS** This Period This Page (optional) ▶

1035.83

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 62

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

GRANT LALLY FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

FEES FOR LEAGAL SERVICESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASSHINGTON DC 20087

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5190

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BERKE / FARAH, LLP

Nature of Debt (Purpose):

LEGAL SERVICESMailing Address 2101 L STREET
SUITE 1000City State Zip Code
WASSHINGTON DC 20087

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5338

Amount Incurred This Period

1000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

2000.00

2) **TOTALS** This Period (last page this line number only)

3035.83

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

3035.83